

In re Application of: Dudley et al.

Application No. 10/526,697

Confirmation No. 9619

Filed: May 5, 2005

For: IMMUNOTHERAPY WITH IN VITRO-SELECTED ANTIGEN-SPECIFIC LYMPHOCYTES AFTER
NONMYELOABLATIVE LYMPHODEPLETING CHEMOTHERAPYCommissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a reply to office action in the subject application.

- ☐ Small entity status is claimed for this application under 37 CFR 1.27.
- ☒ Petition for an extension of time for the period noted below, as well as for any additional period necessary to render the present submission timely. Please charge Deposit Account No. 12-1216 for the appropriate petition fee.
- ☒ Other: Exhibit A (2 pgs.), Exhibit B (2 pgs.), Reference (Kawakami et al., Proc. Natl. Acad. Sci. USA, Vol. 91, 3515-3519 (1994)), Sequence Listing (2 pgs.) and Declaration Under 37 C.F.R. § 1.131 of Mark E. Dudley (3 pgs.)
- ☒ Please charge Deposit Account No. 12-1216 in the total amount indicated below. A duplicate copy of this transmittal is enclosed herewith (unless submitted via EFS-Web).

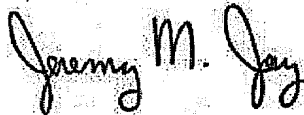
					SMALL ENTITY		OTHER THAN A SMALL ENTITY	
TIME EXTENSION PETITION FEE			none		\$ 0.00		\$ 0.00	
subtract time extension fee previously paid			none		(\$ 0.00)		(\$ 0.00)	
CLAIM FEE	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	EXTRA CLAIMS PRESENT	RATE	ADD'L CLAIM FEE	RATE	ADD'L CLAIM FEE
TOTAL	40	MINUS	40	= 0	x 25 =	\$	x 50 =	\$0.00
INDEPENDENT	3	MINUS	3	= 0	x 105 =	\$	x 210 =	\$0.00
<input type="checkbox"/>	FIRST PRESENTATION OF MULTIPLE CLAIM				+ 185 =	\$	+ 370 =	\$
TOTAL AMOUNT TO BE CHARGED TO DEPOSIT ACCOUNT					TOTAL	\$	TOTAL	\$0.00

- ☒ The Commissioner is hereby authorized to charge any deficiencies in the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-1216.
- ☒ Any filing fees under 37 CFR 1.16 for the presentation of extra claims.
- ☒ Any patent application processing fees under 37 CFR 1.17.

Respectfully submitted,

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By 

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